PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/585,738			ing Date 12/2006	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)		
×	BASIC FEE (37 CFR 1.16(a), (b), (c)		N/A	LD NO	N/A		N/A	TEE (0)	i	N/A	300		
	SEARCH FEE		N/A		N/A		N/A		1	N/A			
-	(37 CFR 1.16(k), (i), (ii)	Ε	N/A		N/A		N/A		ł	N/A			
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =			
INE	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			l	x \$ =			x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings e sheets of paper, the application si is \$250 (\$125 for small entity) for c additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR										
П	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	300		
	APPI	OED - PART II	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	01/25/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18())	• 13	Minus	<b></b> 20	= 0	]	x \$ =		OR	X \$52=	0		
	Independent (37 CFR 1.16(h))	• 1	Minus	<del></del> 3	= 0	1	x \$ =		OR	X \$220=	0		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =			
	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x \$ =			
Ä	Application Size Fee (37 CFR 1.16(s))					]			]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR				
									OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write '70' in column 3.  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.													

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. This collection is estimated to state 2 relativeste to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, subsuld be sent to the CEMPTO. USE and the subsulding the complete the complete depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for moderating this burden, subsuld be sent to the CEMPTO information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 2233-3450.